

Until now I have meekly complied with such requests, but I feel that the time has come to question the validity of this practice.

According to the legal adviser of the South-eastern Regional Hospital Board, Scotland, it is not permissible to send the medical documents or x-ray films of patients attending a hospital or clinic administered by the Board to any individual or body outwith the National Health Service. Requests for the loan of such medical documents therefore can and should be refused. Registered medical practitioners are, however, allowed, if the patient's permission in writing has been obtained, to inspect medical documents and x-ray films, provided these are not removed from the hospital or clinic, and medical advisers of life assurance companies and immigration departments can in this way elicit the information they require. In many instances, however, they are either unaware of these regulations or prefer to ask for a medical report from the consultant in charge of the patient in whom they are interested.

Most reputable life assurance companies approach the consultant direct, and ask for a report, which is provided for a fee commensurate with the amount of work involved in its preparation. Other companies and certain Commonwealth immigration departments indulge in the practice described at the beginning of this letter, in that they instruct the patient to ask the consultant to send a report direct to them. By this subterfuge the life assurance company or immigration department requests, receives, and makes use of the report, free of charge, and even avoids being put to the trouble of collecting a fee. If this situation arose only occasionally I would perhaps be prepared to tolerate it, and to waive my fee, as I do at present, whenever I feel that the patient cannot afford to pay. It is clear, however, from the increasing numbers of reports requested in this way that the life assurance companies and immigration departments are finding it an attractive method of obtaining valuable medical information without having to pay for it.

I shall be interested to hear from your readers whether they have encountered this practice, and, if so, how they would advise me to deal with it.—I am, etc.,

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Siting of New Medical Schools

SIR,—Your leading article, "Education of a Doctor" (16 July, p. 125), refers to recommendations made by the committee under the chairmanship of Sir John Richardson for the siting of medical faculties. The committee appears to be unaware of the claim already made by Swansea and submitted in written evidence to the Royal Commission on Medical Education by the Council of the University College of Swansea. This claim was initiated by a working party representing over 450 general practitioners, public health medical officers, and hospital medical staffs of South-west Wales and gained the full support of the B.M.A. Divisions as well as the senate of Swansea University.

The working party was unaware that the terms of reference of this committee included consideration of the specific claims of various university centres. Had they known this they would have welcomed the opportunity of

giving evidence or submitting memoranda to the special committee. The working party would like to be reassured that Swansea's claim is supported and that it is not only written into the report but also becomes an integral part of any oral evidence which may be submitted.—We are, etc.,

H. DUNCAN DAVIES.

T. W. DAVIES.

GLYN M. JONES.

E. K. ROY THOMAS.

Morriston Hospital,
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Surgical Training

SIR,—Professor R. Y. Calne's thoughts on surgical training (23 July, p. 228) are admirable, and the structure he proposes would certainly rid the early years of the lives of trainees of much frustration, uncertainty, and loss of time. He has, though, left unquestioned the qualifying system in surgery which there are adequate grounds for considering out of place in a modern training system of this kind. The Fellowship examination has an undefined and probably indefinable place in our lives at present. It is not a certificate of training or competence, nor could it be said to be a selection test; though the only definition I have had from an examiner was that "this (the passing of the examination) means that you can now start training as a surgeon."

By its nature, this examination tests the wrong things. The Primary is almost wholly irrelevant to probing the qualities that a surgeon-to-be ought to have, while the whole principle of trying to absorb a mass of facts to a peak, as required in both parts, must be seriously questioned as being the best way to encourage the accumulation of practical knowledge; partly because it is accumulated first in the form necessary to take the hurdle, and any applied usefulness not really considered; and partly, as many surgeons are quick to admit, because so much is so quickly forgotten. It would be instructive to see the system scrutinized by educationists, and to have their advice on the best way, in 1966, to spot and expand the qualities of a surgeon in an individual. Have these qualities ever been defined in a way that would help the selection and training of surgeons?

I would state three points concerning this examination:

1. Any average interested person could without trouble absorb the necessary knowledge to be a surgeon in six years of graded and carefully supervised training, without the unnecessary stress and cost of examinations.

2. Psychoanalysis might well be more relevant to the trainee, his teachers, his future, and the good of his patients than the Fellowship in its present guise.

3. We devoutly hope that our generation will see the end of examinations as the climactic experience they are today, in both undergraduate and postgraduate training, with continuous assessment, and accent on training in the job in hand.—I am, etc.,

Lisburn,
N. Ireland.

G. J. COLE.

Wanted—Spleen Tissue

SIR,—A regular supply of well characterized Kveim antigen for testing for sarcoid is needed in the United Kingdom. In order to

provide a supply of antigen extract which has been tested for potency, stability, and safety there is an urgent need to obtain spleen tissue from patients with sarcoidosis and also from normal subjects as controls. Spleens are needed from subjects other than those with a case history (for example, infectious hepatitis or malignant disease) which would make the material clearly unacceptable, and who have not had a recent blood transfusion.

Spleens obtained at operation or shortly after death should be cut out into narrow slices (for example, $\frac{1}{2}$ in. \times $\frac{1}{2}$ in. \times 3 in. (1.25 cm. \times 1.25 cm. \times 7.5 cm.)) under sterile conditions and rinsed free of blood with cold sterile normal saline. Representative samples fixed in formal saline for histological examination should be sent, together with a note of the salient clinical details, to Dr. D. N. Mitchell (address below), who will answer relevant inquiries at any time, if need be by telephone (Euston 7862). The remaining tissue should be stored in one or more sterile containers (preferably not glass, to avoid possible breakage on change of temperature) and transferred as soon as possible to a deep freeze at -20° C. or lower. If the histology of the samples is regarded as satisfactory, arrangements will be made for the deep-frozen specimens to be collected so that Kveim test suspensions can be prepared in the Central Public Health Laboratory, Colindale, for subsequent tests for potency and safety.

It is only by a collaborative effort between laboratory and clinical research workers and clinicians that a supply of reliable Kveim antigen can become available. We would be very grateful if we could enlist your readers' help.—We are, etc.,

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A.R.M. Report

SIR,—Occasional inaccuracies in the reporting of the A.R.M. are to be expected; one would not normally complain about them. But I find it disconcerting to be reported (*Supplement*, 16 July, p. 65) as asking, "What parking concessions in Edinburgh had been agreed." Since, in addition to being a representative of the Edinburgh Division, I was also its chairman at the relevant time, I feel my fellow members in the Division might find it a bit odd that I should ask such a question. For the record, therefore, I would like to make it clear that, whoever it was, it was not I who asked that question.—I am, etc.,

E. R. C. WALKER,
Ex-Chairman,
City of Edinburgh Division.
Gorebridge,
Midlothian.

*. We apologize for this mistake.—ED.,
B.M.J.